

MDR Tracking Number: M5-04-0556-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on October 23, 2003.

The IRO reviewed office visits, neuromuscular re-education, myofascial release, joint mobilization, and therapeutic exercises from 10-24-02 to 4-16-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. The IRO concluded that the office visits, neuromuscular re-education, myofascial release, joint mobilization, and therapeutic exercises from 10-24-02 to 12-5-02 **were** medically necessary. The IRO agreed with the previous adverse determination that the office visits, neuromuscular re-education, myofascial release, joint mobilization, and therapeutic exercises from 12-7-02 through 4-16-03 **were not** medically necessary. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 1-6-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. Since neither party submitted an original EOB, the review will be per the 1996 Medical Fee Guideline.

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
11-1-02 2-22-03 3-6-03	99213 97112 97250 97265 97110 E0745	\$65.00 x 2 \$70.00 x 2 \$45.00 X 2 \$45.00 X 2 \$90.00 X 2 \$95.00 X 2	\$0.00	No EOB	\$48.00 \$35.00 \$43.00 \$43.00 \$35.00 DOP	Rule 134.307(g)(3) (A-F)	Relevant information supports delivery of service for 99213, 97112, 97250 and 97265. Recommend reimbursement of \$48.00 + \$35.00 + \$43.00 + \$43.00 = \$169.00 x 3 days = \$507.00 Code E0745: Requestor did not submit relevant information to support delivery of service. Code 97110: see RATIONALE below.
11-11-02	99213 97112 97250 97265 97110	\$65.00 \$70.00 \$45.00 \$45.00 \$90.00	\$0.00	No EOB	\$48.00 \$35.00 \$43.00 \$43.00 \$35.00	Rule 134.307(g)(3) (A-F)	Relevant information supports delivery of service for 99213, 97112, 97250 and 97265. Recommend reimbursement of \$48.00 + \$35.00 + \$43.00 + \$43.00 = \$169.00 Code 97110: see RATIONALE below.
12-30-02	99213 97112 97250 97265 97110	\$65.00 \$70.00 \$45.00 \$45.00 \$90.00	\$0.00	No EOB	\$48.00 \$35.00 \$43.00 \$43.00 \$35.00		Relevant information supports delivery of service for 99213, 97112, 97250 and 97265. Recommend reimbursement of \$48.00 + \$35.00 + \$43.00 + \$43.00 = \$169.00. Code 97110: see RATIONALE below.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
3-13-03	99213 97112 97250 97265 97110	\$65.00 \$70.00 \$45.00 \$45.00 \$90.00	\$0.00	No EOB	\$48.00 \$35.00 \$43.00 \$43.00 \$35.00		Relevant information supports delivery of service for 99213, 97112, 97250 and 97265. Recommend reimbursement of \$48.00 + \$35.00 + \$43.00 + \$43.00 = \$169.00. Code 97110: see RATIONALE below.
3-29-03	99213 97112 97250 97265 97110	\$65.00 \$70.00 \$45.00 \$45.00 \$90.00	\$0.00	No EOB	\$48.00 \$35.00 \$43.00 \$43.00 \$35.00		Relevant information supports delivery of service for 99213, 97112, 97250 and 97265. Recommend reimbursement of \$48.00 + \$35.00 + \$43.00 + \$43.00 = \$169.00. Code 97110: see RATIONALE below.
4-12-03	97265	\$45.00	\$0.00	No EOB	\$43.00		Requestor failed to submit relevant information to support delivery of service. No reimbursement recommended.
TOTAL							The requestor is entitled to reimbursement of \$1,183.00.

RATIONALE: Recent review of disputes involving CPT code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes “one-on-one”. Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division (MRD) has reviewed the matters in light of the Commission requirements for proper documentation.

The MRD declines to order payment for code 97110 because the daily notes did not clearly delineate the severity of the injury that would warrant exclusive one-to-one treatment.

This Decision is hereby issued this 1st day of June 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for dates of service 10-24-02 through 3-29-03 in this dispute.

This Order is hereby issued this 1st day of June 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

May 27, 2004

MDR #: M5-04-0556-01
IRO Certificate No.: 5055

REVISED REPORT

Corrected date (change 10/24/03 to 10/24/02).

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Information Provided for Review:

H&P and office notes.
Physical Therapy notes
Functional Capacity Evaluation
Radiology report.

Brief Clinical History:

This female experienced pain shooting from her low back up to her neck as a result of a work-related injury on _____. She was evaluated and an initial treatment program was begun. Over the course of treatment, the patient received chiropractic care, and passive and active therapy. Additional diagnostic testing in the form of MRI and EMG revealed minimal and essentially no significant clinical findings.

An FCE on 11/07/02 determined that the patient continued to experience ongoing problems and was unable to return to her former job classification. Additional referrals were made, and the patient was prescribed appropriate medication. There was mention in the records of possible epidural steroid injections; however, this was not confirmed. A Designated Doctor Evaluation in September 2002 revealed that the patient was not at Maximum Medical Improvement.

Disputed Services:

Office visits, therapeutic procedures, joint mobilization, myofascial release, and neuromuscular re-education during the period of 10/24/02 through 04/16/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The services and treatments in disputed as listed above were medically necessary during the period of 10/24/02 through 12/06/02. The services and treatments in dispute were not medically necessary during the period of 12/07/02 through 04/16/03.

Rationale:

The records indicate that the patient had an aggressive treatment program of chiropractic care, passive and active therapy. The Designated Doctor report recommended four more weeks of active therapy. National Treatment Guidelines allow for such chiropractic care for several months, but not in this intensity. The FCE on 11/07/02 revealed that the patient was unable to return to her former job classification, and additional active therapy was warranted. An additional month of active therapy should have been sufficient for this patient's injuries.

The records indicate that the patient had sufficient primary and secondary levels of care and was progressed in January 2003 into a tertiary level of care. Documentation was not sufficient to warrant additional chiropractic passive or active care after 12/07/02.

I am the Secretary and General Counsel of _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.